

State Program Standing Committee

October 16, 2014

Location: Comfort Inn and Suites, Berlin, VT

Meeting commences: 9:40 a.m.

Members present: Ed Place, Bethany Drum, Connie Woodberry, Theresa Wood, Emily Anderson, Anne Bakeman, Marilyn Mahusky for Barb Prine, Nicole LeBlanc

Members absent: Julie Cunningham, Joe Greenwald, Susan Yuan, Barbara Prine, Max Barrows, Linda Berger, Greg Mairs, Kyle Moriarty

Guest & DAIL Staff: Camille George, June Bascom, Ardy Wolyne, Bart Mair, Marlys Waller, Ashley (Transition II) for Kara Artus, Kirsten Murphy, Miriam St. George, Clare McFadden, Jeanine Morse and Jennifer Gibb.

Review and Approval of September Minutes: Theresa Wood summarized the minutes from the September meeting. Ed Place motioned to accept, Connie Woodberry seconded the motion. Minutes approved.

Discussion Topics:

Added to Oct 16th 2014 agenda – Theresa Wood would like to add time for discussion about recent child death/DCF issues, time permitted.

The group welcomed Jennifer Gibb, new DDS Administrative Support Coordinator, to the meeting.

I. State FY16 Budget

- Camille George (Camille) detailed the state process for getting a budget accepted. There are many phases, department, agency, administration, each stage evoking conversation. Budgets are a work in progress and until signed, it's difficult to make a firm statement until governor approves and releases the final document. For that reason, details of the final proposal are not available to the public until the Governor releases the proposed budget to the Legislature early in the legislative session.
- Camille did not provide specific dollar amounts, but reviewed the instructions for developing the State Fiscal Year 16 (SFY 16) budget, which involves presenting a level funded budget and a 5% reduction. Every year, when various proposals are considered, DAIL considers the impact on people, as well as, other impacts, legal issues and other considerations. Although Camille did not provide figures, the committee had a sense of the possible amount of a reduction based on what they know about the current funding and that it may also affect new caseload funding. Camille recommended this conversation continue with Commission Wehry.

- The committee was asked to reflect on what cuts have been done in the past and consider how/who they affected.
- It was noted that the DS budget has continued to grow every year and that there is no initial entitlement to services; there are specific eligibility requirements in order to receive services. The committee noted that client needs should be considered first.
- In terms of process, the Governor's budget rarely makes it through the system without encountering changes along the way (via legislature), before it is signed by the Governor. The committee pondered that Healthcare may get priority. One member of the committee offered her personal experience concerning healthcare.
- Theresa asked the committee how they would like to approach this. It was noted that the need is defined by the System of Care Plan (SOCP), each year the SOCP has made changes that reduced services. One member noted she is unsure how to restore previously funded programs in the SOCP. Discussion continued that the budget has increased regularly; it's not intuitive to think care has decreased. It was clarified that when rescissions occur, typically cuts for existing consumers have been made and that new applicants have been served through the current funding proposal process. It was discussed that although funding has incrementally increased, it has essentially remained flat given that the number of new people coming into services have also increased incrementally. It was confirmed that the DS Annual report notes that the annual cost of services to clients is a fairly flat at approx. \$60,000pp. It was noted that the legislature sometimes complains about how funding is on the rise, but the counter argument is that there are more clients to serve. Clare says ideas are welcome on ways the state can manage significant cuts and invited the input of the group. Connie identified if its level funding, it would be a cut. Theresa reminded the committee that costs had been better controlled following the closing of the Brandon school.
- Theresa questioned whether level funding means cutting services to existing clients to accommodate new clients and suggested making a pro's and con's list. If input is required, she asked the committee what it that would look like.
- The question was raised what a waiting list would look like? Clare replied, stating new consumers might have to wait for services, but would sustain the services for those already on the program. Committee members expressed concern that people waiting could be forced into nursing homes, homelessness, or be harmed in other ways. One member asked how it would be determined as to who is on the waiting list. Theresa stated she thought some groups would have to wait and needs would be prioritized and that it might be necessary to change the current funding priorities. A lot of other states have certain criteria. A visitor to the meeting inquired as to whether we are saving money or paying in the long run: What are the effects on community to have a waitlist? What are the risks of harm to individuals and community? What types of supports are available in the community? As we continue to cut services, what risks to individuals are there? There was discussion about whether cuts would be a matter of prevention vs crisis. Prevention would be long term and sustainable. Nicole believes the state's mantra should be: 'Putting people

first.’ On October 28 from t 6-8 p.m. there is a Public Hearing on the budget; and people were encouraged to attend. Anne thought the long term affects will be debilitating. Marilyn Mahusky asked how many complaints have been filed regarding eroded services. Is there data available from the DD to coincide with cuts made in the past? Commissioner Wehry will check in with Clayton Clark, DAIL Division of Licensing and Protection and Adult Protective Services (APS). Marlys Waller (Marlys) suggested the system had taken too many cuts already, and they should advocate to sustain funding, rather than reduce funding. Some members concurred with Marlys and reflected that there is no good choice. Camille stated a number of historical changes have had an impact and when there have been rescissions, the impacts have been documented. The group discussed their worries about the general erosion of services, highlighting less individualized services and that those providing care and those receiving care have had to be creative.

- One visitor stated it is a choice of values vs. possible cuts that coincide with commitment of the SOCP and asked why the committee feels it cannot offer possible suggestions? Theresa asked the committee if someone would like to make a specific motion. Anne motioned to convene a small focus committee to address and examine possible budget cuts. Nicole LeBlanc seconded the motion. Theresa clarified the motion is to create a subcommittee that will draft a letter to the Commissioner and be circulated via email. All approved the motion to create a small committee. No motions to abstain. Theresa asked for volunteers to work on committee: Connie, Barb (volunteered by Marilyn) and Anne will serve on the committee. All members will have an opportunity to review and provide input.

Break 11:00

Resumed: 11:10

II. Recent State Audit

- Commissioner Wehry will be sending out a memo concerning the recent Audit of the Department’s management of the Designated Agency (DA) Master Grant. Nine months ago the State Auditor decided to audit both the Mental Health and Developmental Disabilities Services aspects of the DA Master Grants. When money is publicly funded it is tracked. Three Designated Agencies were selected. The following criteria were examined; 1) Are allocated funds being provided to clients? 2) How is it tracked? And 3) how do we know people are getting the services in their plans?
- Commissioner Wehry noted that two things are true: We don’t get a bird’s eye view of all services and we are currently using antiquated systems to extract data. There are ways to improve oversight of granted funds. The State could improve oversight. On a positive note, the Auditor’s report stated there has been no evidence of widespread duplicate billing.
- Concerns have been raised about the limited ability to track possible double billing for different agencies that are providing the same services to the same clients. DAIL is asked to add fiscal oversight as a part of our reviews. DAIL does this, but has been

asked to do a more in-depth review and oversight. A possible solution is to add programming to the existing MMIS database system to help track these issues more closely. Resources will need to be creative in reaching this tracking goal. Camille stated that following up on the Auditor's recommendations will need to be a joint effort of the state and providers and DMH. DAIL/DDSD will step up oversight; and the Agencies will need to also step up their efforts. Committee members were reminded that the Auditor's focus was more on quantitative data rather than qualitative data. The report can be found on the State Auditor's website: auditor.vermont.gov and it will also be posted on the DAIL website.

III. Health Care Reform

- Commissioner Wehry then provided an update on Vermont's health care reform activities. The goals of Accountable Care Organizations (ACOs) are to improve the health of the population, provide better individual quality care and to be as cost-effective as possible. Medicare is concerned about medical services. Medicaid pays for more than medical. Commissioner Wehry stated quality measures and reporting measures offer too many unknowns, while monitoring and evaluation need more data to make decisions. From a provider perspective – there are too many measures and we need to narrow down and focus on what's important. The Agency of Human Services (AHS) has been advocating that we also need to include and measure outcomes related to long term services and supports. The Disabilities and Long Term Services and Supports (DLTSS) work group has worked hard to provide recommendations to the Green Mountain Care Board (GMCB). There is a meeting on October 20th, which will provide a venue for public comment, before it goes to GMCB for final measure. (*Post note: this meeting has now been rescheduled; Jennifer Gibb sent SPSC members a notice with this information.*)
- The second discussion highlighted Care Model agreements? The whole arena of health care reform is in flux. ACO (Accountable Care Organization), at the end of the day, will take a person centered approach. Next Tuesday a group is meeting to review applications for various health care/reform models from providers and other groups. An RFP was issued inviting innovative ideas. Later in the meeting, but on the topic of health care, the Commissioner was asked 'What if it the model doesn't work?' Commissioner Wehry explained that this is a process of finding what works and what doesn't and that it will likely take some time to fully evaluate this.

IV. Recent Death of Disabled Child

- Theresa questioned what role DCF and DAIL play in addressing safety for children with disabilities. How is DAIL a part of the discussion/solution? Are there specific guidelines governing protection of children?
- Commissioner Wehry stated. DS has worked with DCF over the past summer. There is a level of involvement and collaboration around funding and services for individual

children. Information is on a case-by-case basis. DS has had a voice. The MH Oversight committee will meet to discuss these types of concerns. Camille confirmed many arrangements have been made in the past, sometimes DCF commits funding which fosters communication. Through Integrated Family Services (IFS) and across AHS people are collaborating and blending funding which breaks down barriers to support children and families. Theresa stated a concern that in the past, DCF practices around some children with disabilities have caused concern. For example, children with disabilities not being removed from the home when other children in the family are removed; or in the reverse, children with disabilities being returned to the home, but children without disabilities staying in state custody. Commissioner Wehry stated she was not aware of that concern and that DAIL was examining the following question: What are the data driving decisions around child protection? What are best practices? She further offered that the role of DS focuses on person-centered advocacy. DAIL and DCF are currently discussing a variety of issues, including how we work towards reunification, which is in the role of advocating for a child, and how does DS support adoptive placements for those who are not reunified with families. There is planning on individual cases along with DDSD and DCF.

- V. Equity Funding –Camille reported that equity and public safety funding are currently below what has been planned, but the fiscal year is young and there is fluctuation over the course of the year. Camille was asked to provide quarterly updates on funding and will follow up.
- VI. Future Agenda Topics:
- a. The group listed the following as discussion topics for future meetings;
 - Equity funding (quarterly)
 - Update on IFS and children services (Invite Carol Maloney, AHS Director of Integration with new IFS Director, once on board)
 - Children’s Personal Care Services
 - National Core Indicators Consumer Survey (November)
 - One-Time Funding Report (November)
 - Information/feedback of meeting the needs of transitional kids who were previously eligible, but are no longer eligible and are considered non-categorical children. This is part of the IFS initiative for school based transition services.
- VII. There was some confusion as to whether there is a vacancy for membership on the SPSC. Camille and Jenn will follow up.

Meeting Adjourned: 12:30 p.m.

